

# ***Clinical Psychology Internship Program***

## ***Napa State Hospital 2012-2013***

### **MISSION**

Napa State Hospital (NSH) offers a unique and very rich training experience for clinical psychology interns. Continuous accreditation by the American Psychological Association since 1959 speaks to the quality, spirit, and tradition of the Clinical Psychology Internship Program (CPIP). NSH is located on 2,000 acres in the southeast corner of the beautiful Napa Valley in Northern California. The professional staff includes approximately 85 psychiatrists, 65 psychologists, 50 social workers, 70 rehabilitation therapists, and a large nursing service. Although most of the supervision which psychology interns receive is provided by clinical psychologists, training from other mental health disciplines is provided as well (e.g., Grand Rounds), and interdisciplinary collaboration is, of course, commonplace in an inpatient setting. In addition to the CPIP, training programs in other disciplines at NSH (e.g., Forensic Fellowship, Department of Psychiatry and Behavioral Sciences, U.C. Davis) provide supplemental learning opportunities. NSH is an Equal Opportunity Employer, which actively recruits individuals from diverse backgrounds. Currently, 60 % of NSH hospital staff (and approximately 50 % of NSH patients) identify as racial and/or ethnic minorities. Such diversity enhances an awareness and appreciation for the role which racial and ethnic factors play in psychiatric treatment. NSH can accommodate physically challenged patients, staff, and interns, because it is almost completely wheelchair accessible.

### **PATIENT POPULATION**

As of this writing (August, 2011), NSH provides psychiatric treatment for approximately 1170 patients. Patients at Napa State Hospital can be divided into two broad categories. Approximately 75% of our patients are hospitalized under criminal commitments, while 25% have civil commitments.

#### **CRIMINAL COMMITMENTS**

Patients with criminal commitments can be divided into three groups. These include patients who are

- A. Not Guilty By Reason Of Insanity (NGRI),
- B. Incompetent To Stand Trial (IST), or
- C. Mentally Disordered Offenders (MDO). These patients are admitted to NSH in several ways:

- Committed to the California Department of Mental Health by county superior court under one of the three penal code designations noted above.
- Transferred from a more secure facility for treatment in a less restrictive setting.
- Returned from Community Outpatient Treatment (COT) for noncompliance when the county conditional release program (CONREP) advises the county superior court that the patient may not be safely managed in the community

### **Not Guilty By Reason Of Insanity (NGRI)**

*NSH provides treatment for the largest population of NGRI patients of any facility in the country.* The overall goal for these patients is improvement to the point where they gain admission or re-admission to CONREP, which coordinates return to the community. NGRI patients are treated on thirteen locked and 4 open units (where patients can move about freely within the fenced-in Secure Treatment Area). Specialized treatment programs are provided on several of these units. These include the Geropsychiatric NGRI/IST Unit and the Sex Offender Treatment Program. Several of the NGRI units are co-ed. Movement between the open and locked units is based on evidence of responsible behavior. Psychologists on these units serve as members of a multidisciplinary treatment team. They provide individual psychotherapy and group treatment services (e.g., process and support groups, chemical dependency groups, etc.) and consultation services. In addition, psychologists write and implement behavior plans, provide crisis intervention services, and testify at writ and extension hearings. A major component of group treatment on NGRI units is the Forensic Issues Group, where patients are encouraged to come to terms with their mental illness, understand the role their illness played in their instant offense, and learn relapse prevention skills. A broad range of rehabilitative and recreational therapy services is also offered by other disciplines.

### **Incompetent to Stand Trial (IST)**

These individuals have committed a criminal offense but are unable to go to trial or plea-bargain because of mental impairment. The county superior courts have determined that these defendants are unable to understand the criminal charges against them and/or assist their attorneys in preparing a rational defense. The focus of treatment for these patients is to regain competency so that they can return to court and face charges. As on NGRI units, psychologists on IST units also serve on a multidisciplinary team and provide the range of clinical treatment services noted above. However, treatment for these patients is more psycho educational in nature. Patients attend competency groups designed to enable them to understand the nature of the criminal charges against them and to meaningfully participate in their own defense. They must successfully pass the Competency Assessment Test (CAT), Mock Trial (patients tested as defendant in mock version of their own trial), and a dispositional hearing before they are returned to court. The IST patients are treated on 5 locked units.

### **Mentally Disordered Offenders (MDO)**

MDO patients are former parolees of the California Department of Corrections. They were convicted and have served prison sentences. These patients completed their parole but because of continuing mental illness and dangerousness, have been committed to DMH for continued

treatment. MDO patients are the smallest of the 3 forensic patient groups. They receive treatment on NGRI units.

### **Specialized Forensic Treatment Programs**

For the most part, patients are treated on units organized around penal code status (e.g., NGRI). However, there are several specialty units/programs, which address the needs of forensic patients:

#### **A. The Sex Offender Unit and Hospital-Wide Sex Offender Treatment Program**

The Sex Offender Unit provides treatment for patients who meet one of three criteria: 1) the instant offense was sexual in nature, 2) the patient has been designated as a 290 sex-offender registrant, or 3) there are sexual events or issues in the patient's history which are of concern to the treatment team, or the Conditional Release Program (CONREP). The treatment program on this unit is modeled after the one at Atascadero State Hospital, which is the standard of care for sex offenders in the relapse prevention model. It includes four phases of treatment. The hospital-wide program is similar in design, and provides less intensive treatment for patients receiving treatment on other units.

#### **B. The Geropsychiatric Treatment Program**

This program provides treatment to elderly individuals hospitalized under NGRI and IST commitments. Treatment on this unit is geared to the special medical and neuropsychiatric needs of this population. For example, group treatment with a focus on neuropsychiatric rehabilitation is provided to patients suffering from various stages of dementia.

### **CIVIL COMMITMENTS**

Patients who represent a danger to themselves or others, but who have committed no crime, are committed to NSH pursuant to civil commitment statutes. Typically, all patients are county conservatees who are too severely disturbed to be treated in locked facilities or board and care homes in their county of origin. Unlike the forensic units, these patients are not housed as a function of penal code status. Civilly-committed patients are treated on different units as a function of their age, gender, level of functioning, acuity, or special needs. There are currently 8 in-patient units. These include an acute/receiving, geropsychiatric, deaf and hearing-impaired, and several all male and one all-female unit. Treatment programs for these patients are similar to those of the forensic patients, without a focus on criminal behavior. Like the forensic units, the treatment program on each civil unit is grounded in a needs assessment of the particular patients it serves. For example, the all-female unit provides treatment for patients with severe borderline personality disorder, dissociative identity disorder, trauma and recovery, and self-injurious behavior. Psychologists offer the same range of clinical services as provided on forensic units. They also testify at writ hearings.

### **GENERALIST TRAINING**

Our intention is to prepare pre-doctoral interns for entry level practice in professional psychology. The training program is geared toward this general aim as well as the specific interests and

needs of the intern class. We subscribe to a “general practitioner model,” with an emphasis on public service to the severely mentally ill. We offer generalist training because we believe that the focus of pre-doctoral training should be on the acquisition and consolidation of general clinical skills. Training is provided in the treatment of patients with severe mental disorders. An intensive training experience with severely disturbed individuals can provide an invaluable foundation for understanding the entire spectrum of mental disorders. Interns are trained to provide a broad range of clinical services, which is also consistent with a generalist approach. Interns will be able to apply skills obtained here to a variety of treatment settings and populations. By “practitioner”, we mean that our focus is on the acquisition of professional skills, which are based on the science of psychology. We encourage and provide ample opportunities for interns to obtain specialty training (e.g., neuropsychological assessment) provided they are making satisfactory progress in the acquisition of generalist skills.

### **GOALS , OBJECTIVES and COMPETENCIES:**

We evaluate learning outcomes in 7 domains. The domains are comprised of 14 goals and objectives, and 51 competencies. Interns are rated on these 51 competencies at the end of the 6-month and 12-month rotations. Our current domains, goals and objectives, and competencies are listed below:

#### **1. DOMAIN: PROFESSIONALISM**

##### **A. Training Goal: Professionalism**

Objective: Professional values and ethics as evidenced in behavior and comportment that reflects the values and ethics of psychology.

Competencies: 1) Integrity, 2) Deportment, 3) Accountability, 4) Concern for the Welfare of Others, 5) Identity.

##### **B. Training Goal: Individual and Cultural Diversity**

Objective: Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Competencies: 6) Self as Shaped By Individual and Cultural Diversity, 7) Others as Shaped by Individual and Cultural Diversity, 8) Interaction of Self and Others as Shaped by Individual and Cultural Diversity and Context, 9) Applications Based on Individual and Cultural Context.

##### **C. Training Goal: Ethical Legal Standards and Policy**

Objective: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Competencies: 10) Knowledge of Ethical, Legal and Professional Standards and Guidelines, 11) Awareness and Application of Ethical Decision Making, 12) Ethical Conduct.

##### **D. Training Goal: Reflective Practice/Self-Assessment/Self-Care**

Objective: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Competencies: 13) Reflective Practice, 14) Self-Assessment, 15) Self-Care, 16) Participation in Supervision Process

#### **2. DOMAIN: RELATIONAL**

##### **A. Training Goal: Relationships**

Objective: Relate effectively and meaningfully with individuals, groups, and/or communities.

Competencies: 1) Interpersonal Skills, 2) Affective Skills, 3) Expressive Skills

### **3. DOMAIN: APPLICATION**

#### **A. Training Goal: Evidence-Based Practice:**

Objective: Integration of research and clinical expertise in the context of patient factors.

Competencies: 1) Knowledge and Application of Evidence-Based Practice

#### **B. Training Goal: Assessment**

Objective: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Competencies: 2) Knowledge of Measurement and Psychometrics, 3) Knowledge of Assessment Methods, 4) Application of Assessment Methods, 5) Diagnosis, 6) Conceptualization and Recommendations, 7) Communication of Assessment Findings.

#### **C. Training Goal: Intervention**

Objective: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

Competencies: 8) Intervention Planning, 9) Skills, 10) Intervention Implementation, 11) Progress Evaluation

#### **D. Training Goal: Consultation**

Objective: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Competencies: 12) Role of Consultant, 13) Addressing Referral Question, 14) Communication of Consultation Findings, 15) Application of Consultation Methods.

### **4. DOMAIN: SCIENCE**

#### **A. Training Goal: Scientific Knowledge and Methods**

Objective: Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically-derived knowledge.

Competencies: 1) Scientific Mindedness, 2) Scientific Foundation of Psychology, 3) Scientific Foundation of Professional Practice

### **5. DOMAIN: EDUCATION**

#### **A. Training Goal: Supervision**

Objective: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Competencies: 1) Expectations and Roles, 2) Processes and Procedures, 3) Skill Development, 4) Supervisory Practices

### **6. DOMAIN: SYSTEMS**

#### **A. Training Goal: Interdisciplinary Systems**

Objective: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Competencies: 1) Knowledge of the Shared and Distinctive Contributions of Other Professions, 2) Functioning in Multidisciplinary Contexts, 3) Understanding how Participation in Interdisciplinary Collaboration/Consultation Enhances Outcomes, 4) Respectful and Productive Relationships with Individuals from Other Professions

#### **B. Training Goal: Advocacy**

Objective: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

Competencies: 1) Empowerment, 2) Systems Change.

## **7. Domain: FORENSIC PSYCHOLOGY**

### **A. Training Goal: Forensic Orientation**

Objective: Knowledgeable about the range of clinical/legal/ethical issues that pertain to professional deportment and service delivery in a forensic institution.

Competencies: 1) Safety, 2) Informed Consent, Treatment Frame and Communication with the Treatment Team, 3) Psychological Testing of Suicide and Violence Risk, 4) Forensic Knowledge

## **OPPORTUNITIES FOR FORENSIC TRAINING**

*We do not offer a formal forensic training track. At the present time, the CPIP offers an orientation to select areas in forensic psychology only. As noted above, we believe that the pre-doctoral year should focus on the consolidation of generalist skills. Our orientation to forensic psychology has several components. We offer a 15-week forensic seminar covering topics such as “NGRI: History and Case Law” and “Risk Assessment”. In addition, interns can participate in the hospital-wide forensic trainings noted above. They can also attend the forensic case-consultations offered by the Department of Psychiatry and Behavioral Science at U.C. Davis.*

## **TRAINING ACTIVITIES**

Training is primarily provided in four ways:

- Clinical service delivery;
- Individual supervision;
- Seminars, and
- The Preceptor/Mentor program.

## **CLINICAL SERVICE DELIVERY**

(Note: a, b, c and d below are required training activities, while e, f and g are elective)

### ***A. Working on an Inpatient Unit***

The 12-month internship is divided into two 6-month rotations. A rotation commitment entails 16-20 hours a week on an inpatient unit. The psychologist at the site provides supervision. The clinical responsibilities for the intern are the same as for the unit psychologist. Interns serve as members of a multidisciplinary treatment team. They provide psychological assessment and treatment planning services. They also provide individual psychotherapy and group treatment services (e.g. process and support groups, chemical dependency, etc), which are derived and shaped by the psychological assessment. In addition, interns write and implement behavior plans and provide crisis intervention services. They also provide consultation services to staff regarding treatment of patients, as well issues pertaining to unit staff. The one exception is that interns cannot testify in court but are welcome to observe licensed staff testify as fact or expert witnesses.

### ***B. Psychological Assessment***

Interns are expected to complete a minimum of ten psychodiagnostic assessments during the internship year. Interns typically test patients from throughout the hospital, as an effort is made to funnel the best training cases to interns. Each intern meets weekly with their psychodiagnostic assessment supervisor and has two or more (e.g. neuropsychological or forensic risk assessment supervisor) different assessment supervisors during the year. Supervisors can be selected on the basis of a special interest in a test instrument, such as the Rorschach or MMPI. Supervision and training in neuropsychological assessment is also available for interns. Depending on the intern's interest and skill in this area, neuropsychological training can range from simply developing basic neuropsychological screening skills to completing several full neuropsychological assessment batteries.

### ***C. Individual Psychotherapy***

Interns are expected to carry three to five long-term psychotherapy cases throughout the training year. Long-term patients are typically seen one or two times a week. These cases can be selected from anywhere in the hospital and thus may reflect a broad or narrow range of psychopathology. A specific supervisor is chosen for each case and supervision occurs on a weekly basis. In addition to long-term psychotherapy, interns may provide short-term therapy to patients at their rotation site. Short-term therapy is usually employed for circumscribed problems. The rotation supervisor generally provides supervision of short-term therapy cases and psychotherapy groups at the rotation site.

### ***D. Consultation***

Interns are required to conduct two consultations during the training year. Different kinds of opportunities are available. Interns can work with a Positive Behavioral Support Team (PBST) to assist a treatment team by conducting a behavioral evaluation and developing a behavior plan for a given patient. Alternately, an intern can work with the Forensic Quality Review Panel (FQRP), to evaluate a patient and develop a treatment plan to foster a timely discharge. A range of other kinds of consultation experiences are available.

### ***E. The Positive Behavioral Support Team (PBST)***

The Psychology Department offers a hospital-wide behavioral consultation service. The purpose of this service is to assist treatment teams in developing PBS plans designed to support individuals in developing and maintaining recovery-enhancing behaviors and lifestyles. The 4 PBS teams each consist of a psychologist, nurse, psychology technician, and data technician. The four psychologists, who lead these teams, possess skills in psychological assessment and behavioral analysis, as well as in consultation. Behavior plans function both to manage behavior harmful to self and others as well as to provide patients with the structure and support needed to achieve treatment goals. Interns have worked with a PBST as a rotation experience (e.g. 16-20 hours per week), or as an "add-on" training experience, which may be from 2-5 hours per week.

### ***F. The Critical Incident De-Briefing Team.***

This is a multidisciplinary team of clinicians who provide support to patients, staff, and the organization-at-large following a traumatic event (e.g. assault of patient or staff)

### ***G. The On-Duty Psychologist (ODP).***

The ODP is “on-call” to every unit in the hospital, from 5:00 p.m. to 1:00 a.m. each day. The function of the ODP is to provide proactive interventions for patients who are experiencing emotional difficulties, so that more restrictive interventions (e.g. seclusion and restraint) are not needed.

## **INDIVIDUAL SUPERVISION**

Interns typically receive 5 hours per week of individual, face-to-face supervision. These include meetings with a rotation supervisor, a psycho-diagnostic assessment supervisor, and three individual psychotherapy supervisors. The intern meets with each supervisor once a week and more if desired or needed. The Director of Training works with each intern in the selection of supervisors for each rotation, and in the selection of long-term psychotherapy cases.

## **SEMINARS**

There are three core weekly seminars:

### **A. Psychodiagnostic Assessment Seminar**

This seminar is composed of a sequence of training modules, from simple to more complex. In each module, didactic training alternates with intern case presentations, so that principles learned during the didactic seminars can be applied to case material. The seminar begins with the cognitive assessment module, where didactic training is followed by intern case presentations in cognitive assessment. The second module covers cognitive/personality assessment. This module includes training on a number of personality measures (e.g. MMPI-2, MCMI, PAI, and Rorschach). Case presentations cover the ways in which cognitive and personality data inform each other, and how cognitive and personality data are integrated in a test report. Second rotation covers more complex assessment issues and "specialty assessments" (e.g. violence risk assessment, and neuropsychological testing).

### **B. Psychotherapy Seminar**

Our aim in this seminar is to present the major Psychodynamic and CBT approaches to the treatment of the severely mentally-ill, and the empirical basis for these approaches. We generally begin with several seminars introducing basic concepts in working with the severely mentally-ill, and providing individual therapy in a forensic setting. We proceed with an introduction of basic concepts in each treatment orientation, and then provide training on more complex issues. As in the Assessment Seminar, didactic training alternates with intern case presentations, so that principles learned during the didactic seminars can be applied to case material. Interns will receive intensive training in psychodynamic case conceptualization in this seminar. The work of Melanie Klein, Thomas Ogden, Heinz Kohut and Otto Kernberg, among others, is applied to an understanding of primitive mental states and defenses. Interventions which are derived from these conceptualizations are pitched at a level where the patient can



understand and hopefully derive meaning from them. CBT conceptualizations and interventions are explored, with particular emphasis on Dialectical Behavior Therapy.

### **C. Professional Issues Seminar**

Our aim in this seminar is to provide didactic and applied training in Consultation, Supervision, Cultural Diversity and Legal and Ethical Issues. The seminar also covers select topics in Forensic Psychology. In this seminar, we also provide an opportunity for interns to process various aspects of their training experience. In the past, interns have discussed such topics as adjustment to working with severely disturbed patients, the role of a psychologist and developing a professional identity.

### **PRECEPTOR/MENTOR PROGRAM**

Some interns have reported that our Preceptor Program was the most valuable aspect of their training experience here. The goal of this program is to provide an opportunity for interns to discuss the range of concerns they may have, related to their professional development, with a member of our training staff (preceptor). The preceptor has no evaluative function. The mentor/student relationship is essentially confidential, so that issues might be discussed in a more unencumbered fashion. Participation in this program is optional.

### **HOSPITAL-WIDE TRAINING OPPORTUNITIES/RESOURCES**

- *The Department of Professional Education Grand Rounds*  
Weekly presentations on a wide range of topics in mental health are offered where NSH staff and Specialists from around the country are featured.
- *Department of Psychology Training.*  
Specialists from the Bay Area and around the country provide training that addresses the specific educational needs of psychologists.
- *UC Davis Forensic Case Consultation*  
The Forensic Fellowship Program offers a bi-monthly consultation on NSH forensic patients who have been referred by NSH treatment teams.
- *NSH Professional Library*  
The NSH Professional Library subscribes to nearly 120 journals. The library also offers the computer search services of PsychINFO and Medline.
- *Field Trips*  
Interns participate in two or three field trips each year. In recent years, interns have visited several California State Prisons, the “ethnic focus” inpatient psychiatric units at San Francisco General Hospital, and several private or county inpatient treatment facilities.
- *Computers*  
Computers are available to aid interns with their clinical work. The Department of Psychology has test scoring and interpretation software, including programs for interpreting the MMPI-2, Rorschach, and the Millon Clinical Multiaxial Inventory-3, among others. Each intern also has

his or her own computer network account, which allows access to the Local Area Network (LAN). Network accounts include GroupWise e-mail for communication and correspondence, and access to the Internet.

### **EVALUATION OF INTERN PERFORMANCE**

- Each intern meets regularly with the Psychology Internship Director to discuss his or her training experience.
- Training supervisors meet monthly to review the progress of each intern (and to provide peer supervision in their work as supervisors). Areas of particular strength and areas requiring more attention for continued professional development are identified for each intern. Formal rotation evaluation meetings occur in the middle and at the end of each 6-month rotation period. At these meetings, each intern meets with all of his/her supervisors to review their progress in the program.
- At the end of each rotation, all supervisors are also asked to complete a written evaluation of their intern's performance and to discuss this evaluation with the intern. Concurrently, each intern is asked to evaluate each supervisor.

## **THE NAPA COMMUNITY**

NSH is located in Napa (pop 74,000), the largest community in the renowned viticulture center. The schools in the area are good, and there are a number of after-school and day-care centers for children of working parents.

The climate is often described as Mediterranean. Fall and Spring days are pleasant and Summer days are warm, with three or four brief heat waves during the summer. The temperatures during summer nights range between 50 and 55 degrees. The rainy season begins in November, with little or no rain after April. Winter day temperatures fluctuate between 50 and 65 degrees, with evening temperatures rarely dropping below 32 degrees between mid-December and March. Apartments, duplexes, and houses are readily available in Napa. Most rentals are unfurnished, but come with a refrigerator and stove. A modern, one bedroom, unfurnished apartment is typically available at \$1200+ per month; a one-bedroom, furnished is available for \$1400+ per month. Three-bedroom, 2-bath homes average \$1800 - \$2000 per month. Despite the fact that housing is available within walking distance of the hospital, a car is considered essential in this community. Hospital staff does commute varying distances, with the majority carpooling from adjacent municipalities. Dormitory-style housing on hospital grounds is available to interns at no cost.

### **ACTIVITIES IN THE SURROUNDING AREA OF NAPA**

Some of the many leisure and recreational activities in the immediate and not-too-distant areas are:

#### **NAPA VALLEY:**

- Many award-winning restaurants;

- Over 200 famous Napa Valley Wineries and tasting rooms, which may include a relaxing picnic lunch?
- Hot-air balloon rides over the valley, providing a unique vantage point for surveying the wine country;
- Bicycle riding along valley back roads;
- Nearby Calistoga, home of mineral water and hot springs, offering natural spas, mineral baths, mud baths, shops and restaurants;
- Several public golf courses, swimming pools, tennis courts, horseback riding stables, fishing and hiking areas, softball leagues, and campgrounds provide outdoor recreational activities;
- The local symphony, Pretenders Playhouse, and several choral and theater groups invite attendance, and participation in productions;
- Napa Valley College, a community college, offers a variety of cultural, recreational and social activities;
- Napa Valley College and Napa Parks and Recreation Department offer courses in arts and crafts, foreign languages, wine appreciation, computer programming, and physical activities (e.g., swimming, racquetball, aerobics, Tai Chi, yoga and meditation);
- There are several art shows held annually in local galleries and parks;
- Several wineries host annual summertime festivities, including jazz, pop, and classical concerts featuring top-name entertainers;
- There are many active charitable, social, recreational and/or professional organizations and clubs.

**AN HOUR OR LESS BY CAR FROM NAPA:**

- Nearby San Francisco (52 miles) offers a wealth of cultural, educational, and recreational activities.
- Berkeley (40 miles).
- Lake Berryessa (20 miles).
- Mt. Tamalpais (45 miles).
- Muir Woods (40 miles).
- Sausalito (40 miles).
- Sacramento (60 miles).
- The Sonoma Coast (50 miles).

#### **OTHER AREAS OF INTEREST:**

- The Santa Cruz Beach and Boardwalk area is 120 miles southwest.
- Monterey and Carmel, gateway to Big Sur, are about 30 miles further down Highway 1.
- Picturesque Mendocino on the Northern California coast is approximately 180 miles away.
- Many ski resorts are within three to five hours drive from Napa.
- Lake Tahoe is roughly 175 miles east.
- Yosemite National Park is 180 miles southwest.

## **DIRECTIONS TO NAPA STATE HOSPITAL'S PSYCHOLOGY BUILDING**

### **From San Francisco:**

Travel east on I-80  
Exit on Highway 37 (marked with "Napa" sign)  
Drive 2 1/2 miles  
Turn right on Highway 12/29 (also called Sonoma Boulevard)  
Drive 6 1/2 miles until the "Y" split in the road  
Follow the directions below\*\*

### **From Sacramento:**

Travel west on I-80 Exit Highway 12 West (marked with "Napa" sign)  
Drive 6 miles until the road reaches a "T"  
Turn right on Highway 12/29  
Drive 1 1/2 miles north to the "Y" split in the road  
Follow the directions below\*\*

### **From the East Bay:**

Travel north on I-680  
Exit on I-80 West  
Exit Highway 12 West (marked with "Napa" sign)  
Drive 6 miles until the road reaches a "T"  
Turn right on Highway 12/29  
Drive 1 1/2 miles north to the "Y" split in the road  
Follow the directions below\*\*

#### **\*\*\*After the "Y" Split:\*\*\***

Take the right-hand fork, which directs you toward Napa  
Drive 2 1/2 miles north to Napa State Hospital  
Turn right at the main entrance  
The Psychology Building is the last building on the left of Magnolia Blvd.  
Park in any convenient location. A sign in front of the Psychology Building reads "Single Nurses' Home/Psychology Offices". Single Nurses is an historical designation and the building now only houses Psychology Staff.

## **APPLICATION INFORMATION**

### **NATURE OF THE POSITION**

A. The CPIP is fully accredited by the American Psychological Association (APA). The address and telephone number of APA is as follows: American Psychological Association, c/o Commission on Accreditation, 750 First Street, NE, Washington, DC 20002; (202) 336-5979.

Four fully-funded positions are available starting September 1, 2012 and continuing for a full year.

The stipend for the 2012-2013 training year is approximately \$30,555. There are no unpaid positions.

Medical insurance for the intern and his or her immediate family is provided at no charge or minimal charge, depending upon the program selected. Dental insurance is also provided.

Thirteen sick days and ten and one-half vacation days are available. The State of California also observes thirteen holidays. Five days of paid educational leave are available.

### **ADMISSION CRITERIA**

Applicants must be doctoral candidates in clinical psychology (preferably from an APA-accredited program), at a recognized university or professional school. Napa State Hospital is unable to review applications from programs where the degree is awarded in a non-clinical specialty (e.g. forensic psychology). All requirements for the degree, with the exception of the dissertation, must be completed by the start of internship. Applicants need not be U.S. Citizens.

**Student Disclosure of Personal Information:** The CPIP adheres to APA's Ethical Principles of Psychologists and Code of Conduct, December, 2002. Regarding Principle 7.04, interns are not required to disclose personal information. However, in supervising an intern's clinical work, an intern may be asked, for example, to describe how it feels to work with a particular patient, as part of clinical inference-making or part of an exploration of counter-transference reactions. Occasionally, an intern may be *invited* to talk about some aspect of their personal history or about psychological conflicts, which directly bear upon their work with a particular patient.

**APPIC Policies and Procedures:** This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any applicant.

**State of California Eligibility Requirements:** Appointment of applicants to internship positions is contingent upon satisfying several eligibility requirements. Although internship offers are made in February, actual employment in September is contingent on passing a physical examination (including a drug screen) and a security clearance following fingerprinting. Failure to successfully meet these eligibility requirements may preclude your appointment. Applicants may not be eligible for a Clinical Psychology Intern position if they have ever been convicted of a felony. The California Department of Mental Health's "Special Order 407.03" requires that applicants for employment shall not be hired to work in any position if they have ever been convicted of a felony offense specified on the attached list (see below),\*\* or of a misdemeanor offense involving moral turpitude. Applicants convicted of and/or arrested for a felony not on the

attached list or of other criminal activity shall be subject to administrative review prior to employment.

Compliance with this Special Order requires completion of a California Department of Justice (DOJ) fingerprint search and verification of identity prior to starting work. As such, any applicant convicted of, or arrested for any of the criminal activities described above, should contact the Psychology Internship Director well ahead of the application deadline. In addition, any applicant who is abusing alcohol or prescription medications, or using illicit substances or, who has a medical condition which might preclude them from performing the duties of a Clinical Psychology Intern, should also contact the Psychology Internship Director. Interested applicants, who meet any of these disqualifying criteria, or wonder if they meet these criteria, should contact the Psychology Internship Director well ahead of the application deadline, to determine eligibility. All questions about whether an applicant meets State of California eligibility requirements must be resolved before Match Day.

### **APPLICATION PROCEDURE**

A. Complete the online AAPI via the applicant portal on the APPIC website. (The APPIC website provides instructions for completing the online AAPI and submitting letters of recommendation and transcripts for the online application process).

B. Please indicate that you want the application to be forwarded to Napa State Hospital by choosing Napa State Hospital as a “designated site” in the APPIC Applicant Portal.

C. Complete the State of California Examination and/or Employment Application Form (678). This form can be obtained at <http://www.spb.ca.gov/Employment/stateapp.htm>. Please download a PDF version of this form that can be completed electronically and saved as a PDF file. This form can be completed fairly quickly by copying and pasting relevant information from your curriculum vita (please include actual job descriptions and do not simply state “see attached C.V.”). Applicants must upload the completed Form 678 into the online application via the APPIC applicant portal. We cannot process your application materials without a completed state application.

D. Submit three letters of recommendation via the AAPI online recommendation submission portal on the APPIC website.

E. Submit copies of all graduate transcripts and a current C.V.

Napa State Hospital is an Equal Opportunity Employer

**The completed AAPI application and all supporting materials must be received by November 15, 2011.**

We adhere to the APPIC and APA policies and procedures regarding offers and acceptances. All application materials will be reviewed and rated by the Psychology Internship Advisory Committee. Applicants who receive the highest rankings will be invited for an in-person interview. Applicants who prefer to interview by telephone may do so.

Interviews will be conducted in January 2012, and will include an orientation to our training program, meeting with our current interns, and hospital tour.

## **CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

### **Graduate Programs of Recent Former Interns**

Class of 2011-12	Miami University/Ohio Florida Institute of Technology PGSP-Stanford Consortium University of La Verne
Class of 2010-11	Pacific Graduate School of Psychology Fuller Theological Seminary Argosy University/Phoenix John F. Kennedy University
Class of 2009-10	Azusa-Pacific University University of La Verne Nova Southeastern University University of California, Berkeley
Class of 2008-09	California School of Professional Psychology/SF Argosy University/Phoenix Wright Institute Azusa Pacific University
Class of 2007-08	Miami University/Ohio PGSP-Stanford PsyD Consortium Argosy University/Phoenix Florida State University
Class of 2006-07	Rutgers University California School of Professional Psychology/ S.F. Chicago School of Professional Psychology California School of Professional Psychology/ San Diego
Class of 2005-06	Wright Institute California School of Professional Psychology/ S.F. Georgia State University University of Rochester
Class of 2004-05	University of Wyoming University of Nevada, Las Vegas Baylor University Pacific University



Class of 2003-04	California School of Professional Psychology/Alameda Wright Institute Pepperdine University Argosy University, Phoenix Campus/Arizona School of Professional Psychology
Class of 2002-03	University of North Texas Chicago School of Professional Psychology California School of Professional Psychology/Alameda Baylor University
Class of 2001-02	California School of Professional Psychology/Fresno Chicago School of Professional Psychology Ferkau Graduate School of Psychology/Yeshiva University Florida School of Professional Psychology

## **\*\*CALIFORNIA DEPARTMENT OF MENTAL HEALTH**

### **NAPA STATE HOSPITAL**

#### **PROHIBITED FELONY OFFENSES**

As part of the pre-employment review process, Napa State Hospital shall not employ an applicant for

a position if he or she has ever been convicted of any of the following offenses:

1. Any crime specified in Penal Code Section 290, which generally includes offenses of a sexual nature such as rape, sodomy, child molestation, and indecent exposure, and attempts to commit such crimes.
2. Murder.
3. Battery.
4. Sexual Battery.
5. Elder or Dependent Adult Abuse.
6. Mayhem.
7. Kidnapping.
8. Assault With a Deadly Weapon or With Force by Means to Produce Great Bodily Injury.
9. Child Abuse.
10. Poisoning or Adulterating Food, Drink, Medicine, Pharmaceutical Products, or Water Supplies.
11. Spousal Rape,
12. Intercourse Based on Fraudulent Representation to Create Fear.

- 13. Robbery.
- 14. Arson.
- 15. Attempted Arson.
- 16. Aiding/Abetting and escape.
- 17. Drug sales/transport for sale.

If any applicant who has been convicted of a felony offense other than those listed above or has been arrested for any other criminal offense shall be subject to administrative review prior to employment.